

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TEXAS RIGHT TO LIFE POLITICAL ACTION C

ADDRESS (number and street) ▼

9800 CENTRE PARKWAY SUITE 200

☐ Check if different than previously reported. (ACC)

HOUSTON

TX

77036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00419242

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☒ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Teresa Doyle

Signature of Treasurer

Mrs. Teresa Doyle

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 14 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TEXAS RIGHT TO LIFE POLITICAL ACTION C

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		10082.51
(b) Cash on Hand at Beginning of Reporting Period.....	10082.51	
(c) Total Receipts (from Line 19)	3080.00	3080.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	13162.51	13162.51
7. Total Disbursements (from Line 31)	5689.97	5689.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7472.54	7472.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TEXAS RIGHT TO LIFE POLITICAL ACTION C

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2980.00

2980.00

(ii) Unitemized

100.00

100.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3080.00

3080.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

3080.00

3080.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

3080.00

3080.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

3080.00

3080.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	32.79	32.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	32.79	32.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	657.18	657.18
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5689.97	5689.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5689.97	5689.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3080.00	3080.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3080.00	3080.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	32.79	32.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	32.79	32.79

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEXAS RIGHT TO LIFE POLITICAL ACTION C

Full Name (Last, First, Middle Initial)

A. KEVIN BRADY

Mailing Address P.O. Box 8277

City State Zip Code
The Woodlands TX 77387

FEC ID number of contributing
federal political committee.

C H6TX08100

Name of Employer

US GOVERNMENT

Occupation

US REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.5300

Amount of Each Receipt this Period

1730.00

Full Name (Last, First, Middle Initial)

B. MARY K. HANNIGAN

Mailing Address 1910 POST OFFICE ST

City State Zip Code
GALVESTON TX 77550

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2014

Transaction ID : SA11AI.5303

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MICHAEL PHILLIPS

Mailing Address 16 WINDERMERE LN

City State Zip Code
HOUSTON TX 77063

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNKNOWN

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 15 / 2014

Transaction ID : SA11AI.5307

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2980.00

TOTAL This Period (last page this line number only)..... ►

2980.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEXAS RIGHT TO LIFE POLITICAL ACTION C

Full Name (Last, First, Middle Initial)

A. HUCK PAC

Mailing Address PO BOX 2008

City	State	Zip Code
LITTLE ROCK	AR	72203

Purpose of Disbursement
HONORARIUM

011

Candidate Name

HUCK PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2014

Transaction ID : SB23.5312

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

--

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

--

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 8 OF 32
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 226 9th Avenue South		Amount 19.13
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Transaction ID : SE.5360
Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014
Name of Federal Candidate JOHN CORNYN		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 26.29		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 226 9th Avenue South		Amount 19.13
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Transaction ID : SE.5361
Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014
Name of Federal Candidate LOUIE GOHMERT		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 26.29		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.26
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 9 OF 32
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 226 9th Avenue South		Amount 19.14	
City Great Falls	State MT	Zip Code 59405	Transaction ID : SE.5363
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Category/Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Name of Federal Candidate TED POE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought 26.30		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 226 9th Avenue South		Amount 19.14	
City Great Falls	State MT	Zip Code 59405	Transaction ID : SE.5364
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Category/Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Name of Federal Candidate SAMUEL R HON. JOHNSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought 26.29		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		38.28	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Mrs. Teresa Doyle</i>		Date M M / D D / Y Y Y Y Y Y 04 / 14 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 10 OF 32
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00419242</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Advanced Litho Printing			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 226 9th Avenue South			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19.13</div>	
City Great Falls		State MT	Zip Code 59405	
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Transaction ID : SE.5365 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>
Name of Federal Candidate RALPH MOODY HALL			Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26.28</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Advanced Litho Printing			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 226 9th Avenue South			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19.14</div>	
City Great Falls		State MT	Zip Code 59405	
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Transaction ID : SE.5366 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>
Name of Federal Candidate JEB MR. HENSARLING			Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26.29</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">38.27</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Mrs. Teresa Doyle</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: center;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00419242 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Advanced Litho Printing			Date of Public Distribution/Dissemination		
Mailing Address 226 9th Avenue South			Amount		
City Great Falls	State MT	Zip Code 59405	19.13		
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Category/ Type 001	Transaction ID : SE.5368 Date of Disbursement or Obligation		
Name of Federal Candidate JOE LINUS BARTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 26.28			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Advanced Litho Printing			Date of Public Distribution/Dissemination		
Mailing Address 226 9th Avenue South			Amount		
City Great Falls	State MT	Zip Code 59405	19.13		
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Category/ Type 001	Transaction ID : SE.5369 Date of Disbursement or Obligation		
Name of Federal Candidate JOHN CULBERSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 26.28			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.26		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mrs. Teresa Doyle _____ Signature		[Electronically Filed]		Date 04 / 14 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 226 9th Avenue South		Amount 19.13
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5371 Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014
Name of Federal Candidate KEVIN BRADY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 26.28		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 226 9th Avenue South		Amount 19.13
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5372 Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014
Name of Federal Candidate MICHAEL MCCAUL	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 26.28		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>
Mailing Address 226 9th Avenue South		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 19.14 </div> </div>
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Transaction ID : SE.5373 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>
Category/Type 001		
Name of Federal Candidate MICHAEL HONORABLE CONAWAY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 26.29 </div> </div>
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>
Mailing Address 226 9th Avenue South		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 19.14 </div> </div>
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Transaction ID : SE.5375 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>
Category/Type 001		
Name of Federal Candidate MAC THORNBERRY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 26.29 </div> </div>
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 38.28 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 226 9th Avenue South		Amount 19.14
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5376 Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014
Name of Federal Candidate RANDY WEBER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 26.29		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 226 9th Avenue South		Amount 19.14
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5377 Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014
Name of Federal Candidate BILL FLORES	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 26.29		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.28
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>
Mailing Address 226 9th Avenue South		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 19.14 </div> </div>
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Transaction ID : SE.5378 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>
Category/Type 001		
Name of Federal Candidate RANDY NEUGEBAUER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 26.29 </div> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>
Mailing Address 226 9th Avenue South		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 19.14 </div> </div>
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Transaction ID : SE.5379 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>
Category/Type 001		
Name of Federal Candidate LAMAR SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 26.29 </div> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 38.28 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 226 9th Avenue South		Amount 19.14
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5380 Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014
Name of Federal Candidate PETER GRAHAM OLSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 26.29		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 226 9th Avenue South		Amount 19.14
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5381 Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014
Name of Federal Candidate FRANCISCO 'QUICO' CANSECO	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 26.29		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 17 OF 32
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C			FEC IDENTIFICATION NUMBER ▼ C C00419242	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Advanced Litho Printing			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 226 9th Avenue South			Amount 19.14	
City Great Falls	State MT	Zip Code 59405	Transaction ID : SE.5382	
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 10 / 2014	
Name of Federal Candidate KENNY E MR. MARCHANT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought		26.29	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Advanced Litho Printing			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 226 9th Avenue South			Amount 19.14	
City Great Falls	State MT	Zip Code 59405	Transaction ID : SE.5384	
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 10 / 2014	
Name of Federal Candidate ROGER WILLIAMS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>25</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought		26.29	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.28	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mrs. Teresa Doyle		[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 04 / 14 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 226 9th Avenue South		Amount 19.14
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5385 Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014
Name of Federal Candidate MICHAEL C DR. BURGESS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 26.29		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 226 9th Avenue South		Amount 19.14
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5386 Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014
Name of Federal Candidate RANDOLPH BLAKE FARENTHOLD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 26.29		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 226 9th Avenue South		Amount 19.14
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5388 Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014
Name of Federal Candidate JOHN CARTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 26.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Advanced Litho Printing		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 226 9th Avenue South		Amount 19.14
City Great Falls	State MT	Zip Code 59405
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5389 Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014
Name of Federal Candidate PETE SESSIONS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 26.29		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.28
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 20 OF 32
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00419242</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Advanced Litho Printing			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 226 9th Avenue South			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19.14</div>	
City Great Falls		State MT	Zip Code 59405	
Purpose of Expenditure PRINTING OF NEWSLETTER WITH VOTER GUIDE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Transaction ID : SE.5391 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>
Name of Federal Candidate SUSAN NARVAIZ			Office Sought: <input checked="" type="checkbox"/> House District: <u>35</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26.29</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee United States Postal Service			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 6500 De Moss Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.16</div>	
City Houston		State TX	Zip Code 77074	
Purpose of Expenditure POSTAGE FOR NEWSLETTER		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Transaction ID : SE.5323 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>
Name of Federal Candidate JOHN CORNYN			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TX</u> <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.16</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26.30</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Mrs. Teresa Doyle</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00419242 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 6500 De Moss Dr		Amount 7.16	
City Houston	State TX	Zip Code 77074	Transaction ID : SE.5326
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 02 / 21 / 2014	
Name of Federal Candidate LOUIE GOHMERT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 6500 De Moss Dr		Amount 7.16	
City Houston	State TX	Zip Code 77074	Transaction ID : SE.5327
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 02 / 21 / 2014	
Name of Federal Candidate TED POE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

 MM / DD / YYYY
 04 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 6500 De Moss Dr		Amount 7.15
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.5328 Date of Disbursement or Obligation MM / DD / YYYY 02 / 21 / 2014
Name of Federal Candidate SAMUEL R HON. JOHNSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7.15	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 6500 De Moss Dr		Amount 7.15
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.5329 Date of Disbursement or Obligation MM / DD / YYYY 02 / 21 / 2014
Name of Federal Candidate RALPH MOODY HALL	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7.15	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 23 OF 32
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00419242</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee United States Postal Service			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 6500 De Moss Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.15	
City Houston		State TX	Zip Code 77074	
Purpose of Expenditure POSTAGE FOR NEWSLETTER		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 001		Transaction ID : SE.5330 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 21 / 2014
Name of Federal Candidate JEB MR. HENSARLING			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.15			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee United States Postal Service			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 6500 De Moss Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.15	
City Houston		State TX	Zip Code 77074	
Purpose of Expenditure POSTAGE FOR NEWSLETTER		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 001		Transaction ID : SE.5331 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 21 / 2014
Name of Federal Candidate JOE LINUS BARTON			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.15			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 14.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Mrs. Teresa Doyle</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 14 / 2014 <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 32
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 6500 De Moss Dr		Amount 7.15	
City Houston	State TX	Zip Code 77074	Transaction ID : SE.5332
Purpose of Expenditure POSTAGE FOR NEWSLETTER		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 21 / 2014
Name of Federal Candidate JOHN CULBERSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 7.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 6500 De Moss Dr		Amount 7.15	
City Houston	State TX	Zip Code 77074	Transaction ID : SE.5333
Purpose of Expenditure POSTAGE FOR NEWSLETTER		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 21 / 2014
Name of Federal Candidate KEVIN BRADY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 7.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		14.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mrs. Teresa Doyle Signature		[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 04 / 14 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 25 OF 32
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 6500 De Moss Dr		Amount 7.15
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/ Type 001	Transaction ID : SE.5334 Date of Disbursement or Obligation MM / DD / YYYY 02 / 21 / 2014
Name of Federal Candidate MICHAEL MCCAUL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 6500 De Moss Dr		Amount 7.15
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/ Type 001	Transaction ID : SE.5336 Date of Disbursement or Obligation MM / DD / YYYY 02 / 21 / 2014
Name of Federal Candidate MICHAEL HONORABLE CONAWAY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 6500 De Moss Dr		Amount 7.15
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.5339 Date of Disbursement or Obligation MM / DD / YYYY 02 / 21 / 2014
Name of Federal Candidate MAC THORNBERRY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 7.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 6500 De Moss Dr		Amount 7.15
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.5342 Date of Disbursement or Obligation MM / DD / YYYY 02 / 21 / 2014
Name of Federal Candidate RANDY WEBER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 7.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 27 OF 32
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 6500 De Moss Dr		Amount 7.15	
City Houston	State TX	Zip Code 77074	Transaction ID : SE.5343
Purpose of Expenditure POSTAGE FOR NEWSLETTER		Category/Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 21 / 2014
Name of Federal Candidate BILL FLORES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 7.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 6500 De Moss Dr		Amount 7.15	
City Houston	State TX	Zip Code 77074	Transaction ID : SE.5344
Purpose of Expenditure POSTAGE FOR NEWSLETTER		Category/Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 21 / 2014
Name of Federal Candidate RANDY NEUGEBAUER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 7.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		14.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mrs. Teresa Doyle Signature		[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 04 / 14 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 28 OF 32
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 6500 De Moss Dr		Amount 7.15	
City Houston	State TX	Zip Code 77074	Transaction ID : SE.5345
Purpose of Expenditure POSTAGE FOR NEWSLETTER		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 21 / 2014
Name of Federal Candidate LAMAR SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought 7.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 6500 De Moss Dr		Amount 7.15	
City Houston	State TX	Zip Code 77074	Transaction ID : SE.5346
Purpose of Expenditure POSTAGE FOR NEWSLETTER		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 21 / 2014
Name of Federal Candidate PETER GRAHAM OLSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought 7.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		14.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mrs. Teresa Doyle		[Electronically Filed]	
Signature		Date M M / D D / Y Y Y Y Y Y 04 / 14 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 32
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 6500 De Moss Dr		Amount 7.15	
City Houston	State TX	Zip Code 77074	Transaction ID : SE.5347
Purpose of Expenditure POSTAGE FOR NEWSLETTER		Category/Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 21 / 2014
Name of Federal Candidate QUICO CANSECO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 7.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 6500 De Moss Dr		Amount 7.15	
City Houston	State TX	Zip Code 77074	Transaction ID : SE.5349
Purpose of Expenditure POSTAGE FOR NEWSLETTER		Category/Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 21 / 2014
Name of Federal Candidate KENNY E MR. MARCHANT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 7.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		14.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Mrs. Teresa Doyle</i>		Date M M / D D / Y Y Y Y Y Y 04 / 14 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 30 OF 32
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00419242</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee United States Postal Service			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 6500 De Moss Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.15	
City Houston		State TX	Zip Code 77074	
Purpose of Expenditure POSTAGE FOR NEWSLETTER		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate ROGER WILLIAMS			Office Sought: <input checked="" type="checkbox"/> House District: 25 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.15			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee United States Postal Service			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 6500 De Moss Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.15	
City Houston		State TX	Zip Code 77074	
Purpose of Expenditure POSTAGE FOR NEWSLETTER		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate MICHAEL C DR. BURGESS			Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.15			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 14.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Mrs. Teresa Doyle</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 14 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 6500 De Moss Dr		Amount 7.15
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.5352 Date of Disbursement or Obligation MM / DD / YYYY 02 / 21 / 2014
Name of Federal Candidate RANDOLPH BLAKE FARENTHOLD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7.15	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 6500 De Moss Dr		Amount 7.12
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.5353 Date of Disbursement or Obligation MM / DD / YYYY 02 / 21 / 2014
Name of Federal Candidate JOHN CARTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7.12	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14.27
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C		FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 6500 De Moss Dr		Amount 7.15
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.5354 Date of Disbursement or Obligation MM / DD / YYYY 02 / 21 / 2014
Name of Federal Candidate PETE SESSIONS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7.15	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 6500 De Moss Dr		Amount 7.15
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.5355 Date of Disbursement or Obligation MM / DD / YYYY 02 / 21 / 2014
Name of Federal Candidate SUSAN NARVAIZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 35 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7.15	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	657.18

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2014

Signature